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**REQUEST FOR WITHDRAWAL  
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Application Number	09/976,871
Filing Date	10-12-2001
First Named Inventor	Davies
Art Unit	3764
Examiner Name	MATHEW, FENN C
Attorney Docket Number	DAV01-001

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
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NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: patent has issued - Inventor will pay for maintenance fees - Inventor has been notified

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1. ☐ The correspondence address is NOT affected by this withdrawal.
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